THE SHE PERSONS DECEMBER.

	1. TRANSMITTAL NUMBER:	2. STATE:
TRANSMITTAL AND NOTICE OF APPROVAL OF	0 1 - 0 0 8	Wisconsin
STATE PLAN MATERIAL	3. PROGRAM IDENTIFICATION: TITL	
FOR: HEALTH CARE FINANCING ADMINISTRATION	SECURITY ACT (MEDICAID)	EALK OF THE GOOD IE
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	August 1, 2001	
5. TYPE OF PLAN MATERIAL (Check One):		
☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONS	IDERED AS NEW PLAN	MENDMENT
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDA	MENT (Separate Transmittal for each am	endment)
6. FEDERAL STATUTE/REGULATION CITATION:	7. FEDERAL BUDGET IMPACT:	
1902(a)(1) and 1924 SSA; 42 CFR 435.231 & 435.1005	a. FFY 2001 \$ 0 b. FFY 2002 \$ 0	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERSE OR ATTACHMENT (If Applicable):	EDED PLAN SECTION
Attachment 2.6-A, Supplement 1, Page 4a	Same	
Attachment 2.6-A, Supplement 6, Page 1	Same Same	
Attachment 2.6-A, Supplement 14, Page 1	Same	
10. SUBJECT OF AMENDMENT:		
Cost of Living Adjustment (COLA) Updates		
11. GOVERNOR'S REVIEW (Check One):		
☑ GOVERNOR'S OFFICE REPORTED NO COMMENT	☐ OTHER, AS SPECIFIED:	
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	7, 111 0, -	
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	Cobert 17, Blano	
	RETURN TO:	
Voge, B. Hanch	Peggy B. Handrich	
13. TYPED NAME:	Administrator	
Peggy B. Handrich 14. HTLE:	Division of Health Care Fin P.O. Box 309	ancing
Administrator, Division of Health Care Financing	Madison, WI 53701-0309	
15. DATE SUBMITTED:		
September		
FOR REGIONAL OFFIC	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
Green in County and County in the A-NO-A-1	DATE APPROVED 0 22 10	Andrea de sus productions
PLAN APPROVED - ONE 19. EFFECTIVE DATE OF APPROVED MATERIAL: 20.	COPY ATTACHED SIGNATURE OF REGIONAL OFFICIAL	G. G. fa. stude and D. Gib signific
Auent 1, 2001	Musik	Tu-
The state of the s	TITLE:	
Cheryl A. Harris	Associate Regional Adu	inistrator
23 DEMARKS.	Division of Medicald and Chi	
ार है जिसे हैं है कि जिसे हैं। जा का 1,150,150 कि विकास कि	म् । इस्त है है सहा क्रिक्स सहस्य स्वयुक्त स्वयुक्त स्वयुक्त है है । इस्त है ।	test anarytical test

videnta nel l'import, le common de prepart de segment d'un proprié production de la montal de source de product Conference de l'important de l'espection de product de segment de source de le la legal de la lighte de la lig Conference de l'important de l'espection de la segment de la light de l

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	Wisconsin

Income limits do not apply to institution cases. See Supplement 6 to Attachment 2.6-A for institution income level (special income level under 42 CFR 435.231 and 435.1005).

- A. MANDATORY CATEGORICALLY NEEDY
- 1. SSI-Related Groups Other Than Poverty Level Aged and Disabled Individuals:
 - (+ actual shelter up to \$177.00)
 - 2. \$662.72 (+ actual shelter up to \$265.33)

TN No. 01-008 Supersedes TN No. 01-001

Approval Date _____

Effective Date 08/01/01

SUPPLEMENT 6 TO ATTACHMENT 2.6-A

State:	Wisconsin

Standards f	or	Optional	State	Supplementary	Payments
-------------	----	----------	-------	---------------	----------

Payment Category Administered By Income Level Income Disregards
Employed

Net Gross (Reasonable Federal State Couple Person Couple Person Classification) \$614.78 X \$1,500.00 Aged Blind Х \$1,500.00 \$614.78 Disabled \$614.78 Х \$1,500.00 Aged and Aged Spouse \$3,000.00 \$928.05 Х \$928.05 Disabled and Disabled Х \$3,000.00 Spouse \$928.05 \$3,000.00 Aged and Blind Spouse Х \$928.05 \$3,000.00 Aged and Disabled Spouse Х \$928.05 \$3,000.00 Blind and Disabled Spouse Х

TN No. <u>01-008</u> Supersedes TN No. <u>00-004</u>

Approval Date _____

Effective Date 8/1/01

SUPPLEMENT 14 TO ATTACHMENT 2.6-A Page 1

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

ELIGIBILITY CONDITIONS AND REQUIREMENTS

INCOME AND RESOURCES REQUIREMENTS FOR TUBERCULOSIS (TB) INFECTED INDIVIDUALS

For TB-infected individuals under §1902(a)(1) of the Act, the income and resources eligibility levels are as follows:

Assets:

The \$2000 SSI-related MA resource limit will be applied to the TB-related individual. Individual asset amounts will be

determined based on the SSI-related MA policies.

Income:

The TB-related income limit is \$1,147, the SSI break-even point. The SSI break-even point is the maximum earned and unearned gross countable income amount an individual can have and still receive SSI benefits. The formula used to determine this is the Federal Benefit Rate (FBR) multiplied by 2, plus \$85. The FBR for 2001 is \$531; therefore, the break-even point is \$531 x 2 + \$85 = \$1,147. This standard should be compared to the individual's

actual gross income.

TN No.	01-008
Superse	des
TN No.	01-003

Approval Date	
---------------	--